



HEALTH-CARE EDUCATION SCHOLARSHIP INFORMATION

Application must be postmarked by March 1, 2012.

HOW TO APPLY:

Scholarship application packets are available by:

- Downloading application materials from the Northern Plains Eye Foundation (NPEF) website, www.npef.org, by clicking on "Scholarship," then "2012 High School Senior Health-Care Scholarship Information;"
- Contacting your High School Guidance Counselor's office;
- Phoning (605) 716-6733 to request an application packet be mailed or emailed to you;
- Visiting the Northern Plains Eye Foundation (NPEF) at 623 Quincy Street, Suite 101, in Rapid City (across the street from the Rapid City Public Library), between 9AM-5PM Monday – Friday.

APPLICATION PROCEDURE:

A standardized selection process, conducted by the NPEF Scholarship Committee, is utilized in choosing award winners. Scholarships are awarded based on, but not limited to, overall academic merit, extracurricular and health-care related activities, leadership, letters of recommendation, your personal statement, and planned health-care or eye-related course of study. In order to be considered, applicants are required to submit the items listed below (assembled in the order shown #1. thru #7.), and mail the items together in ONE envelope (preferably a 9"x12" clasp envelope) to NPEF at the address on page 2.

1. Completed, signed and dated **Health-Care Education Scholarship Application Form 2012** that must be typed or printed in block-style letters;
2. **Résumé** (2- page limit);
3. Current **official high school transcript with unweighted GPA and school official signature or embossed seal**. Copies will **not** be accepted. **An UNWEIGHTED GPA, based on a 4.0 GRADING SCALE is required.** If the GPA is weighted or based on a different scale, it is vital you advise the school office or counselor to calculate the **unweighted** GPA and verify with his/her signature where it has been changed. Minimum requirement is an **unweighted** GPA of 3.8 or above;
4. **Class rank** (if not on transcript);
5. **Copy of ACT score** (if not on transcript). Minimum requirement is an ACT score of 28;
6. **Two (2) completed Teacher Recommendation forms** (from different teachers – not administrative staff). The teacher must go on line at www.npef.org/scholarship.asp to access the form entitled "2012 High School Senior Health-Care Education Scholarship Teacher Recommendation Form." (Anything other than the on-line Teacher Recommendation, such as personal letters, or forms completed by other staff members, will **NOT** be accepted.) Once the teacher has typed the information into the on-line form and the form is complete, the teacher must print and sign the completed recommendation form, place the form in an envelope (we suggest a school stationery envelope), seal the envelope and sign across the sealed back flap of the envelope, **before** giving it to the student. The Teacher Recommendation form must be included in your application packet – not mailed separately;
7. **Typed personal statement** (2-page limit), explaining why you are deserving of the scholarship, which must address **all** of the following:
 - Plans for future study and why you are pursuing your chosen health-care field;
 - Extracurricular activities (clubs, organizations, community service, etc.);
 - Involvement in health-care related activities (volunteer or paid); and
 - Academic merit (Honor Society, academic awards, GPA, class rank, ACT score, etc.).

The address to which the completed application packet should be mailed/delivered is:

Northern Plains Eye Foundation (NPEF)
Attention: Health-Care Education Scholarships
623 Quincy Street, Suite 101
Rapid City, SD 57701

(NOTE: Application must be hand-delivered to, postmarked by, or have a cancellation stamp of March 1, 2012. Incomplete or late applications, or those with insufficient postage, will not be considered.)

SCHOLARSHIP SPECIFICATIONS:

- Applicant must reside in the NPEF service area (see map at www.npef.org/about-us.asp and click on "Service Area Map").
- Applicant can pursue any course of post high school health-care studies, including technical fields (i.e., Optician or Ophthalmology Technician).
- Only one Scholarship Application per student applicant.
- Applicant will receive written notification of the outcome of his/her application.
- Awarding of a scholarship is contingent on acceptance into **full-time post high school** course of study (i.e., college, university, technical school, etc.) and no funds will be disbursed until proof of acceptance/enrollment is received by NPEF from the college/university. It is the student's responsibility to get documentation to NPEF by June 30, 2012.
- The scholarship award is designated for **school-related expenses only** (i.e., tuition, books, school fees, etc.), and will be disbursed to, and administered through, the college/university upon proof of acceptance/enrollment.
- If a scholarship recipient's college enrollment changes (i.e., field of study, withdrawal from school, deferment, change from full-time to part-time, etc.) from what is indicated in the original application, NPEF **must be notified in writing immediately**, as this may impact the scholarship award. Failure to do so may require forfeiture of the scholarship money awarded.

INQUIRIES:

If you have any questions or need clarification, contact Peggy Martz, Executive Assistant, at (605) 716-6733 or e-mail pmartz@npef.org.



HEALTH-CARE EDUCATION SCHOLARSHIP APPLICATION FORM 2012

NOTE: Response must be either typed or legibly printed in block letters. Application must be postmarked by March 1, 2012.

1. APPLICANT INFORMATION:

- a. Last Name: _____
- b. First Name and Middle Initial: _____
- c. Title: (Mr., Ms., Miss, Mrs.): _____ Date of Birth (MM/DD/YY): ____/____/____
- d. Home Phone: (_____) _____ Cell Phone: (_____) _____
(Including Area Code) (Including Area Code)
- e. Mailing Address: _____
(Street Address or PO Box)

(City) (State) (Zip Code)
- f. E-mail address: _____
- g. Parent Name(s) and mailing address(es):
Mother _____ Father _____

(If different) _____

2. ACADEMIC INFORMATION:

- a. Name of High School: _____

(Mailing Address) (City) (State) (Zip Code)

(Principal's Name) (_____) _____
(School Phone Number Including Area Code)
- b. Name of College/University Attending (2012-2013): _____

(Street Address or PO Box) (City) (State) (Zip Code)
- Planned Course of Study: _____

3. DECLARATION:

I declare that the information in this application packet is complete, true and correct. I accept that the Northern Plains Eye Foundation may cross-reference the application information with other sources (i.e., high school, college, etc.).

If any information provided in my application packet is inaccurate or misleading, I understand that my application will be rejected and any awarded scholarship money forfeited.

I understand by signing below, I am agreeing to allow Northern Plains Eye Foundation to use my information and photograph for publicity purposes, which may include TV, radio, newspaper, website, newsletter or other media, in the case that I am chosen as a Health-Care Education Scholarship recipient.

Applicant Signature

Date

